

# GIC Health Plan Rates – Monthly Rates as of July 1, 2010

## For THE TOWN OF WATERTOWN ENROLLEES



Commonwealth of Massachusetts  
Group Insurance Commission

### Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

*Includes 0.33% Administrative Fee*



HEALTH PLAN	TEACHER Who Retired Before July 1, 2009			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 41.62	\$ 99.89	20%	\$ 83.25	\$199.79
Fallon Community Health Plan Select Care	10%	49.93	119.82	20%	99.85	239.65
Harvard Pilgrim Independence Plan	10%	60.50	147.78	20%	121.00	295.55
Harvard Pilgrim Primary Choice Plan	10%	48.02	117.28	20%	96.03	234.56
Health New England (HMO)	10%	41.54	102.97	20%	83.08	205.94
Tufts Health Plan Navigator	10%	58.18	141.27	20%	116.36	282.53
Tufts Health Plan Spirit	10%	46.18	112.12	20%	92.35	224.23
NHP Care (Neighborhood Health Plan) (HMO)	10%	41.49	109.94	20%	82.98	219.89
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) (Indemnity)	10%	80.65	188.30	40%	322.60	753.19
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) (Indemnity)	10%	76.94	179.68	40%	307.74	718.70
UniCare State Indemnity Plan/ Community Choice (PPO-type)	10%	40.80	97.91	20%	81.59	195.82
UniCare State Indemnity Plan/PLUS (PPO-type)	10%	56.28	134.32	20%	112.57	268.64

### Retirees and Survivors *WITH MEDICARE*

HEALTH PLAN	TEACHER Who Retired Before July 1, 2009		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
HEALTH PLAN	%	\$	%	\$
Fallon Senior Plan* (HMO)	10%	\$ 22.62	20%	\$ 45.25
Harvard Pilgrim Medicare Enhance (Indemnity)	10%	37.95	40%	151.78
Health New England MedPlus (HMO)	10%	36.34	20%	72.67
Tufts Health Plan Medicare Complement (HMO)	10%	35.19	20%	70.38
Tufts Health Plan Medicare Preferred* (HMO)	10%	22.32	20%	44.65
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) (Indemnity)	10%	36.33	40%	145.30
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) (Indemnity)	10%	35.26	40%	141.03

\* Rates are subject to federal approval and may change January 1, 2011.

**Rates are Calculated by the Town of Watertown Benefits Office.**

**Rate questions? Call: 617.972.6460**